Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>

Sent: Friday, January 01, 2016 11:34 AM **To:** Constantine Kolouas; Chris Aquino

Subject: 2016 Annual Report - WMATC No: 1725, Carrier Name: Compass Limousine LLC

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2016, must file a complete 2016 annual report and pay a \$175 annual fee on or before **February 1, 2016.** To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$150 late fee. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate \$150 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2016.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1725

Name of Carrier (as shown on certificate of authority): Compass Limousine LLC

Trade Name: Compass Limousine

Principal Place of Business

Street Address: 37086 Tanyard Drive

Apt./Suite:

City: Mechanicsville

State: MD **Zip:** 20659

Mailing Address (if different from street address)

Street:
Apt./Suite:
City:
State:
Zip:

Telephone Number: (301)904-5252

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
1	2004	Lincoln	1L1FM81W94Y655147	04101LM	MD	8	No
2	2007	Ford	1F1FK15577LA59224	04102LM	MD	11	No
3	2015	Chevrolet	1GNSKJKC1FR308452	59243B	MD	7	No

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: Richard Frank Barilone

Title: Owner/President

Date: 01/01/16

^{*}Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.